

INTERFACILITY TRANSPORT TASK FORCE

MEETING

DECEMBER 6, 2005 LITTLETON, NH

Members present:

Dave Dubey, Berlin EMS/ EMS Coord. Board; Clay Odell, NHBEMS; Kim Thayer, Littleton Reg. Hosp.; Alisa Butler, DHHS-Rural Health; Jonathan Dubey, Berlin EMS, Will Riley, North Conway Ambulance Service, Jean McGovern, Littleton Regional Hospital, Kurt Lucas, Littleton Regional Hospital, Jeanne Erickson, Speare Memorial Hospital; Chandra Englebert, Weeks Medical Center

Guests/new members present:

Patrick Twomey, Mountain Valley EMS, Pam Fowler, Mountain Valley EMS

- Since the last meeting Clay distributed a letter / email message to all participants of the March 2005 Interfacility Transport Summit, and to other important parties as well, such as the North Country hospital CEO's. He also attached notes from the last few IFT Task Force meetings.
- The major effort of today's Task Force meeting was to review actions taken on the IFT Task Force's work plans and to make revisions as necessary.
- 1. *Eliminate decision-making based on ability to pay. Pursue a process that is blinded to insurance information for ambulance service acceptance or refusal of a transfer request.*

Alisa Butler and Clay reported on the progress their subcommittee has made in addressing some local issues that were slowing progress. Those challenges seem to have been successfully resolved.

The group discussed ways in which area ambulance services that engage in interfacility transports can be brought up to date with the Task Force's progress, to promote more inter-agency cooperation in covering the interfacility transport needs of the various hospitals

- 2. *Draft a generic decision tree to match patient needs with ambulance resources. This will address issues of clinicians complicating the acquisition of an ambulance because they request levels of care that are higher than the patient really needs.*

The task force members again reviewed the draft documents that Weeks Medical Center had composed. Other documents will be solicited and considered at the next meeting.

A discussion was held to attempt to define the term "Urgent" for interfacility transport. This issue was discussed at previous meetings regarding the use of community 911 resources for "urgent" or "emergent" transfers versus routine transfers. Additionally, since the term "urgent" was included in Senate bill 88 language (enabling specially trained RN's to function as the second

EMS provider), it seemed as though a definition of “urgent” would be useful. Discussion centered around the time criticality of the patient’s condition. It was suggested that a clear definition could be placed in rule or law. Further work will occur on this concept.

3. *Investigate the sharing of crew resources between services for episodes where a full crew is not available but an appropriate EMS provider from another service is ready and willing to serve as a crew member.*

Dave Dubey distributed a document that listed the various items that an EMS agency would likely need to consider to bring on and orient an auxiliary per-diem employee. That document is enclosed with this document. The consensus of the group was that this information could be shared at the next summit, but there is nothing to prevent EMS agencies from pursuing crew sharing now if they desire.

- Alisa shared with the group that the NH Rural Collaborative for Health Improvement (R-CHIP) was soliciting Requests for Proposals for EMS System Development grants from Critical Access Hospitals. The maximum amount of the grants is \$12,000. A suggestion was made that a letter from the task force should go to the CEO’s of the North Country Hospitals advocating that the grant money should be targeted toward solving the interfacility transport problem. The rationale is that creating critical access hospitals accentuated the growing problem of interfacility transfers and previous grants directed toward EMS tended to go to 911 response issues and not interfacility transport EMS. The consensus of the group was to have Clay draft a letter, submit it to the group for comments and all attendees of today’s meeting would be undersigned on the letter. Members of the IFTTF agreed to serve as a resource to hospitals looking for guidance on this issue. RFPs must be submitted by January 13, 2006.
- Next meeting: The next meeting is scheduled for **January 4, 2006 at 10:00** at Littleton Regional Hospital. The task force appreciates Littleton Regional Hospital’s continuing support for this committee’s meetings.